Worcester County Motorcyclists' Survivors Fund PO Box 516 Amesbury, MA 01913 wcmsfund.org

WCMSF, Inc. a nonprofit corporation

Introduction:

This WCMSF, Inc., is a 501c(3) nonprofit organization, comprised entirely of volunteers, that raises funds through donations, events, raffles and organized rides, to assist local families of motorcyclists injured or killed in motorcycle accidents in need.

We pay directly to service providers.

Our assistance may be financial, generally by paying household bills directly to the providers, for 2-4 months of IMMEDIATE need, and/or we will provide you with other resources that may be available to you as the first step to help fill that immediate need.

The WCMSF, Inc. also promotes motorcycle awareness and rider training, attempting to educate and reduce motorcycle accidents and injuries.

If you would like to apply for assistance, please complete the enclosed Affidavit and submit to one of our Board Members, or mail back to us at:

Worcester County Motorcyclists' Survivors Fund, Inc. P.O. Box 516, Amesbury, MA 01913

If you need assistance, a volunteer from the WCMSF is always available to assist in completion of the application. Upon submission of an application, a volunteer 'case manager' will be appointed to assist you in any way we can.

If you have any questions in the application process, please email: info@wcmsfund.org

Affidavit in Support of Request for Financial Assistance from the Worcester County Motorcyclists' Survivors Fund, Inc.

All information contained herein is confidential. It will not be disclosed to any party other than as authorized by the family of the Recipient

ow con	nes			of	
	(Pr	int name of Appl	licant)		(Address)
((City)	(State)	(Zip)	(Phone)	(E-mail)
ı behal	lf of mot	torcyclist,		0 ipient or family membe	f
		(P	rint name of rec	ipient or family membe	r) (Address)
((City)	(State)	(Zip)	(Phone)	(E-mail)
nd here	eby swea	rs (or affirms)	as follow:		
1.)	and a		of Worcester		serious injury or death of a Motorcycletts. The date of his/her accident was
2.)	Please	provide any s	supporting do	cumentation.	
3.)	The ex	xtent of the Mo	otorcyclist's in	ijuries were:	
4.)	In sup	port of this A	ffidavit, the a	pplicant submits the	e following information:
	A.) Na	me and age of	dependant cl	hildren of Motorcy	clists:
		41.	ee .1 .		
	в.) М	onthly income	of family in n	eed and sources: _	
5.)	State a	amount sough	t from the WO	CMSF, Inc., and pu	rpose it will be used for:

Rent/Mort	tgage		\$	
Food			\$	
Car Paym	ent		\$ \$ \$ \$	
Car Insur	ance			
Health Ins	surance			
Utilities				
TOTAL MONTH	ILY HOUSEH	IOLD EXPE	NSES: \$	
If real estate is ov	ved, list presen	nt value \$	and mortgage balance	\$
Vehicles owned:				
	Year M	Make	Model	Balance Owed
	Year N	Make	Model	Balance Owed
List other fact			e the WCMSF Inc., Board shoul	
List other fact				
List other fact				
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ment of Applicant: s submitted volunta le motorcyclist's fa ving a legal residen /CMSF. Inc., Board ISF, Inc., I agree in knowledge/promote	I hereby certionally for the purily for the purily, due to the forcester disconfidential advance to all www.	ify the information of the serious in the information of the informati	nation contained in this Affiday aining temporary financial assis ury or death as a result of a mothe State of Massachusetts. I undecision is final. Should funds be list and publish the donation to ents planned on behalf of the fan	it is true and containce on behalf torcycle accident derstand the revoce donated by the family. We saily.

NOTE: Board Members meet monthly and on an "as-needed" basis to consider all applications for assistance. All information contained herein is confidential. It shall not be disclosed to any party other than authorized by the Applicant and the Directors of the Worcester County Motorcyclists Survivor's Fund, Inc., while the donation may be publicized.